Wisconsin WIC Breast Pump Program Distribution List Project Name ______ Project Number _____

Date of	Name of Participant	Participant ID#	Type of pump	Staff	Serial	WIC ID Tag	Return
Issue		F	- 7 F FF	Initials	Number*	Number*	Date

^{*} Serial Number and WIC ID Tag Number are only on the hospital grade electric pumps (Lactina Seclect and Hollister Elite)